

selves and they, of course, know that they have not and will not succeed in converting physicians to believe in State medicine. We doubt if their educational training and experience will permit them to believe that their movement will prove of practical benefit to the people of the state. In fact, they intimate as much in their statement, which pronounces their new law an "expedient measure."

GRADUATE INSTRUCTION

An interesting and important movement in the cause of better medicine is described in an address by T. C. Routley, published in this issue of the JOURNAL. Doctor Routley, who is secretary of the Canadian Medical Association, was a guest of the California Medical Association, and gave his address by invitation.

It is believed that officers, program committees, and members of county medical societies will be encouraged and gain inspiration from careful reading of this address.

Other medical organizations have attempted to develop along similar lines, but so far as we know none has laid its plans so carefully or followed them out so successfully as Canada. Papers, addresses, and clinics by voluntary action of members have been offered to county societies in California for some years, and some progress has been made in developing the plan. But we have not attained the success that the importance of the movement deserves. Would it not be a splendid thing to catch the spirit and enthusiasm outlined for us by Dr. Routley and apply it in California?

County societies that are interested will be met in a sympathetic manner if they will write to Emma W. Pope, secretary California Medical Association.

WHAT DOES THIS PORTEND?

The following is taken from an address by a Professor Freeman, M. D., of the Johns Hopkins School of Public Health delivered at the New York health officers' conference. This abstract and more of this speech is published in the weekly bulletin of the California Board of Health:

"It seems probable that for rural areas at least medical health service of the future will center about the county hospital. Such a hospital, with a whole-time staff on a salary basis, with its attached out clinics, will be the chief source of medical service. To it will come all the seriously sick of the county, all maternity cases, all obscure chronic complaints, for diagnosis by every available means and for treatment, the best that can be had. Out from the hospital will go the visiting nurses, covering the whole county, doing what we know as public health nursing as well as ordinary visiting nursing, if there is any distinction between the two. The private practitioners of the county will be mainly concerned with the health supervision of their patients. They will probably be paid on an annual fee basis and will have approximately 1000 patients each. Everyone will be under constant supervision.

There will be no need of much of what we ordinarily call health work. It will be the routine, normal activity of the whole medical service. The medical director of the county will be in charge of the whole organization, under a board of trustees. The whole will be supported in part from State and local funds, but largely from the payments of patients. The savings in medical and surgical fees which would result from having a single consulting physician and a single surgeon, kept constantly busy with an even flow of material, instead of having several practicing over a large area and spending most of their time going to and fro as at present, 'would be great.'"

This speech was not delivered in Moscow, but in New York. There were other addresses of the same general trend, although they did not go quite so far nor were they quite so frank in the statements of purpose. Recently, another public health specialist from New York was paid to come to San Francisco and "survey" the hospital and health field. He recommended that the San Francisco County Hospital be opened to patients who can pay small fees. This, of course, would be an important practical step in developing the program so frankly outlined by Professor Freeman.

UTAH MEDICAL ASSOCIATION

Beginning with the August, 1923, number, the Journal of the California Medical Association became the official organ of the Utah Medical Association. The Journal has been the official organ of the Nevada Medical Association for more than a year.

Each of these two States will have an associate editor on the Journal, and the combined representation of the three State organizations gives to the Journal increased circulation, and increases its field of usefulness in every way.

The contact with the Utah Medical Association is shown in the following abstract from the minutes of their council:

"At our last meeting it was suggested to use the California State Journal of Medicine as our official organ instead of Northwest Medicine. The House of Delegates referred this matter to the council to investigate with power to act. After much deliberation, we have unanimously decided the best interests of the members of the Utah State Medical Association can be obtained through the adoption of the California State Journal of Medicine, which is recognized as an ideal medical journal, and was so exhibited at a recent meeting of the American Medical Association. Therefore, commencing with August of this year, you will receive your first issue of this magazine.

With this change goes also the appointment of an associate editor and, after counsel with your president, we have chosen a man whom we feel will fill this position in a creditable manner for this association, and we trust the secretaries of the component county societies will feel free to furnish the associate editor with all locals which will be of interest to the medical profession."